

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11229

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWINDS AT BOCA POINTE CONDOMINIUM TWO, INC.

**Current Principal Place of Business:**

10112 U.S.A. TODAY WAY  
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DRIVE # 205  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

1750 UNIVERSITY DR., STE 205  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DRIVE # 205  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 59-2581830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRBIN, GEORGE  
10112 U.S.A. TODAY WAY  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DRIVE  
SUITE # 205  
CORAL SPRINGS, FL 33071 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** SWIFT MANAGEMENT SOLUTIONS

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MANTON, STEPHEN  
**Address:** 7595 CINEBAR DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** VP  
**Name:** FRIED, STEVE  
**Address:** 7671 CINEBAR DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** TD  
**Name:** COOPER, JOEL DR  
**Address:** 7609 CINEBAR DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** SD  
**Name:** MELAMED, ROBERT  
**Address:** 7659 CINEBAR DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** STEPHEN MANTON

PD

02/15/2011

Electronic Signature of Signing Officer or Director

Date